

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name COFFEE CROSSING	Telephone Number Est 812-557-6899 Own 502-214-0196	Date of Inspection 12/31/2020	ID#
Address 805 TALIANA PL, NEW ALBANY IN 47150			
Owner ALAN BUTTS	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 12/31/2020
Owner's Address 208 ROSEWOOD DRIVE CLARKSVILLE, IN 47129		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge KATELYNN MILLER			
Responsible Person's Email DANIELC@COFFEECROSSING.COM			
Certified Food Handler JOSH BECHT			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
294	X			Measured 0ppm in sanitizer bucket and 3-comp sink. Sanitizer was empty and replaced. Discussed setting a calendar reminder with PIC.	CORRECTED
297		X		Observed interior of bulk ice machine to have build-up and needing cleaned.	CORRECTED

Summary of Violations C 1 NC 1 R 0

Received by (name and title printed):

KATELYNN MILLER

Inspected by (name and title printed):

A.J. Ingram CHIEF FOOD SPECIALIST

Received by (signature):

Inspected by (signature):



cc:

cc:

cc: